

C1 09888

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A21032

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3476

OWNER KETLER FOR LINES, STREET OR RFD TROTTER RD, TOWN CLARKSVILLE, SUBDIVISION FOREST HILLS, SECTION, LOT 8

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica, and Brown Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT NO. OF BAGS 59 NO. OF POUNDS 5700

GALLONS OF WATER 354

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 68 ft.

CASING RECORD

casings types insert appropriate code below. Includes boxes for ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE ST, Nominal diameter top (main) casing 6 inch, Total depth of main casing 75 foot.

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD

screen type or open hole insert appropriate code below. Includes boxes for ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80. Includes handwritten values 110, 73, 600.

DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft.

WHEN PUMPING 130 ft.

TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

PLACE (A,C,J,P,R,S,T,O) IN BOX 29

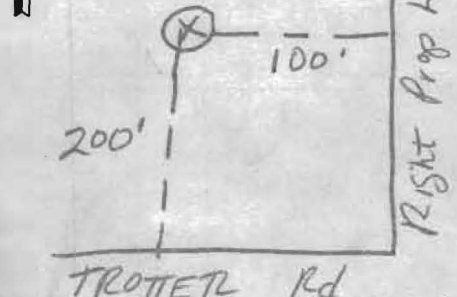
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above, - below, LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MW D 040, DRILLERS SIGNATURE Genevieve F. Easton

LIC. NO. JS D 038

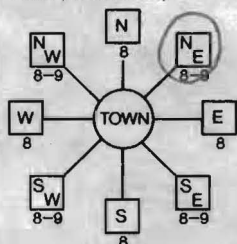

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 2145 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER H0-94-3445
 1 2 3 6 70 79 fill in this form completely

Date Received (APA) 07 05 02 OWNER INFORMATION **9088**
 8 MM DD YY 13
Kettler Forlines, Inc. 15 Last Name Owner First Name 34
9426 Stewartown Rd Suite 3 C 36 Street or RFD 55
Montgomery Village, Md 20886 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard EC#
Forest Hills 23 SUBDIVISION 42
 SECTION 44 46 LOT 8 50
Clarksville 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION
 Driller's Name George F. Easterday M D License No. 04081 76
 Firm Name Franklin Easterday, Inc.
 Address 9265 Brown Church Rd., MT. Airy, Md. 21771
 Signature George F. Easterday Date 7/12/2002

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

5906 Trotter Rd 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 37 DISTANCE FROM ROAD 200
 ENTER FT OR M FT 38 39
 TAX MAP: 35 BLK: _____ PARCEL 15

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 300 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

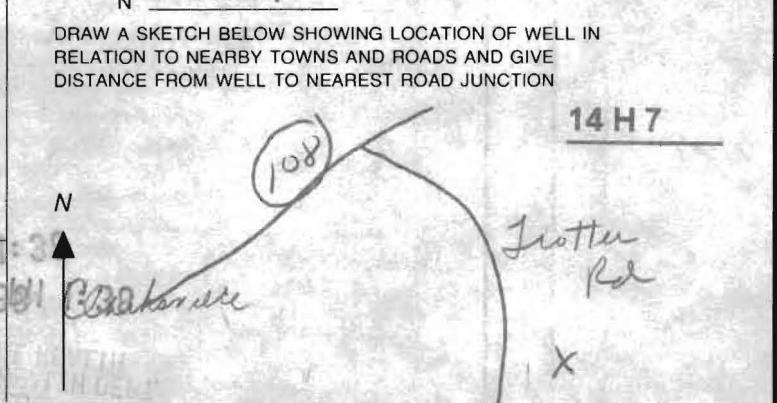
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO. A 21032
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 7/18/02 Karen Norman 7/18/03
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 504 000 EAST GRID 823 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
8/12/02 NO INSP
 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 810 23 000
 N 500 4 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. H0-94-3445
 70 71 72 73 74 75 76 77 78 79

9.14.02 7:00

10/5/02

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3445
Location of property (road) TROTTER RD
Subdivision FOREST HILLS Lot 8 Block _____ Plat _____ Sec. _____
Well Driller EASTERDAY Owner Kettler Forlines

Depth of well 600 1 1/2
Distance of measuring point (M.P.) above ground 2 FT
Static water level (S.W.L.) below M.P. 15 FT

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 am Pumping rate 15 GPM
Total time 15 to reach pumping water level 129 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TESTED BY D. J. ...

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 4 gallon bucket	FLOW METER READING (if used) <u>Pump SET</u>	CALCULATED FLOW (gallons per minute)
7:15	129 FT	30 sec	380 FT	2 GPM
7:30	129 FT	30 sec		2 GPM
7:45	129 FT	30 sec		2 GPM
8:00	129 FT	30 sec		2 GPM
8:15	129 FT	30 sec		2 GPM
8:30	129 FT	30 sec		2 GPM
8:45	129 FT	30 sec		2 GPM
9:00	129 FT	30 sec		2 GPM
9:15	129 FT	30 sec		2 GPM
9:30	129 FT	30 sec		2 GPM
9:45	129 FT	30 sec		2 GPM
10:00	129 FT	30 sec		2 GPM
10:15	129 FT	30 sec		2 GPM
10:30	129 FT	30 sec		2 GPM
10:45	129 FT	30 sec		2 GPM
11:00	130 FT	30 sec		2 GPM
11:15	130 FT	30 sec		2 GPM
11:30	130 FT	30 sec		2 GPM
11:45	130 FT	30 sec		2 GPM
12:00	130 FT	30 sec		2 GPM
12:15	130 FT	30 sec		2 GPM
12:30	130 FT	30 sec		2 GPM
12:45	130 FT	30 sec		2 GPM
1:00	130 FT	30 sec		2 GPM
HD-224 715	130 FT	30 sec	580 FT	2 GPM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Walter King P&H Telephone #: 301-662-6990
Address: 5305 Kings Ct
FREDERICK MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: MD-51285
Name (Print): WALTER KING License# 2217

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: _____ Telephone #: 301-865-8062 / 410-997-0296
Subdivision: Forest Hills Lot #: 8 Well Tag #: HO-94-3445
Site Address: 5906 Trotter Rd
Clarksville, md. 21029

Submersible Pump Data

Make: STA-RITE
Model #: SSPFO2HL
Pump Capacity 5 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: Boyd
Model#: PA-100
Depth: 42 (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 600 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 - AW 150 PUMP TEL
Torque arrestors, Cable guard or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Approximate length of sleeve: 8'
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 8/29/03

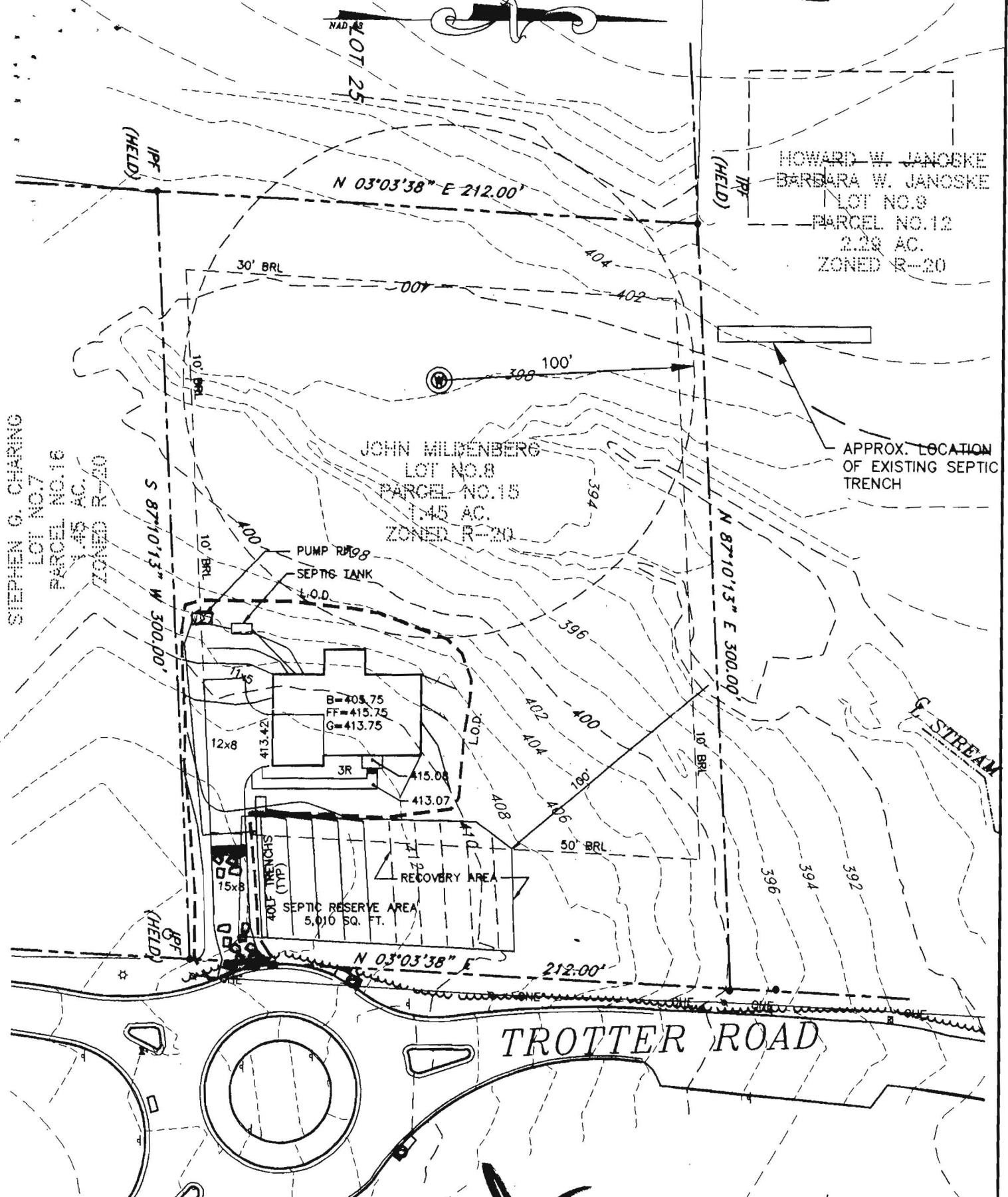
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 5/2/03 Date Insp. Approved: 5/5/03 Inspector: (S) SRK
Inspection Data:
Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

STEPHEN G. CHARING
LOT NO.7
PARCEL NO.16
1.45 AC.
ZONED R-20

HOWARD W. JANOSKE
BARBARA W. JANOSKE
LOT NO.9
PARCEL NO.12
2.28 AC.
ZONED R-20

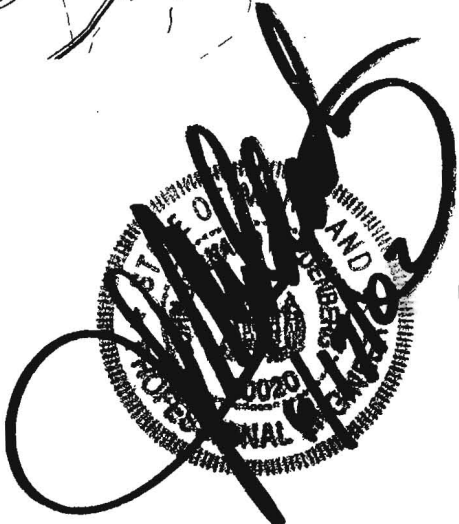
JOHN MILDENBERG
LOT NO.8
PARCEL NO.15
1.45 AC.
ZONED R-20



TROTTER ROAD

7/16/02
STAKED BY
LICENSED ENGINEER
No Insp (KN)

FIRST FLOOR EL.	■	415.75
INV. OUT OF HOUSE	■	403.25
INV. IN SEPTIC TANK	■	402.75
INV. OUT OF SEPTIC TANK	■	402.50
EXIST. EL. AT SEPTIC TANK	■	406.00
PROP. EL. AT SEPTIC TANK	■	406.00
INV. IN PUMP PIT	■	402.24
PROP. ELEV. AT PUMP PIT	■	406.00
EXIST. EL. AT DIST. BOX	■	415.50
INV. IN DIST. BOX	■	412.50



- NOTES:
1. THIS SITE CONFORMS TO THE REQUIREMENTS OF THE 2000 MARYLAND STORMWATER DESIGN MANUAL, VOLUMES I & II.
 2. THE SITE QUALIFIES FOR USE OF THE HSCD STANDARD SEDIMENT CONTROL PLAN FOR SINGLE FAMILY RESIDENTIAL LOTS.

PN 01-063

FOREST HILLS

PLOT PLAN PARCEL 15
5906 TROTTER ROAD

**MILDENBERG,
BOENDER & ASSOC., INC.**
Engineers Planners Surveyors

6072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0296 Balt. (301) 621-5521 Wash. (410) 997-0296 Fax.

ELECTION DISTRICT: 5	TAX MAP: 35	HOWARD COUNTY, MARYLAND
DRAWN BY: M.M.P.	SCALE: 1"=50'	DATE: JUNE 5, 2002